2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90032 022 ****50.00

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1. Entity Name
OXYRIS SERVICE COMPANY, L.L.C.

Principal Place of Business	Mailing Address
2701 S. BAYSHORE DR.,STE 402 COCONUT GROVE, FL 33133	2701 S. BAYSHORE DR.,STE 402 COCONUT GROVE, FL 33133

02042004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139456
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, JOSEPH B III
2701 S. BAYSHORE DR.,STE 402
COCONUT GROVE, FL 33133

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAMIREZ, EFRAIN
STREET ADDRESS	DIAGONAL 127 A# 22-81
CITY-ST-ZIP	BOGATA, COLOMBIA,
TITLE	MGRM
NAME	NOVOA, OLGA
STREET ADDRESS	CARRERA 44-133A-70, INTERIOR 5, APTO.701
CITY-ST-ZIP	BOGATA, COLOMBIA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Olga Lucia Novoa 4/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #